Dear Parent:

Re: Your Request for Review

Thank you for your inquiry regarding a review of your child support order. Please sign this form and return it with the completed Child Support Review Questionnaire to the child support office that is handling your case. You can find the address by calling 1-800-252-8014, or selecting “Child Support Interactive” from the child support section of the Attorney Generals Web site at www.texasattorneygeneral.gov.

|  |  |  |
| --- | --- | --- |
| Name:{Name} | Social Security #:{SSN} | OAG Case #: {CaseNum} |

**I request the Child Support Division of the Office of the Attorney General to conduct a review of my child support order. I understand the following:**

* The attorneys of the Office of the Attorney General represent the State of Texas. They will provide me with child support services, but do not represent me or any other individual.
* A review addresses only child support and medical support.
* The non-custodial parent may be required to provide medical insurance for the child(ren).
* A review of a child support order will determine if the order complies with the Texas child support guidelines.
* A request for a review may be withdrawn by the requestor.

Please list the reason you are requesting a review:

|  |
| --- |
|       |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date Signed

Within three weeks of receiving all of the necessary information from you, we will determine if a review of your child support order is appropriate and we will notify you of our decision. If it is determined that a review should be conducted, the other party named in your child support order will be asked to complete a questionnaire. Thank you for your cooperation.

Office of the Attorney General

Child Support Division

**CHILD SUPPORT REVIEW QUESTIONNAIRE**



**INSTRUCTIONS**

Please type, print, or write clearly. Answer all questions as completely and accurately as you can. Please return the completed form along with copies of your income tax returns for the past two years, and your two most recent pay stubs. If you do not have these items, please send us your W-2 Forms for the past two years.

|  |  |  |
| --- | --- | --- |
| Date:      |  | OAG Case Number: {CaseNum}**<F003>** |

**INFORMATION ABOUT YOU (Please Print All Information)**

**Important Safety Information**

If you have concerns about your child(ren)’s safety, there are some protections available in the child support process.

Do you have concerns about any of the following?

• the other parent or other individuals having access to your physical contact information?

• negotiating in person with the other parent?

• contact with the other parent during exchange of the child(ren) for visitation?

 □Yes □ No If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a protective order, police report, or other supporting document? □Yes □ No **If possible attach a copy of any documentation.**

If you answered YES to either of the previous questions, you will be sent an Affidavit of Nondisclosure.

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Last, First, Middle)      | Social Security No.   -  -     | Date of Birth      | Relationship to Child(ren)      |
| Address: Street Address      | Apt. #      | City      | State      | Zip Code      |
| Home Telephone No.(   )   -     | Work Telephone No.(   )   -     | **Do you have custody of the child(ren)?****[ ]  YES** **[ ]  NO** |
| Employer      | Employers Telephone No.(   )   -     ext       |
| Employer Address: Street Address      | City      | State      | Zip Code      |

**INFORMATION ABOUT THE OTHER PARTY**

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Last, First, Middle)      | Social Security No.   -  -     | Date of Birth      | Relationship to Child(ren)      |
| Address: Street Address      | Apt. #      | City      | State      | Zip Code      |
| Current Employer      | Employers Telephone No.(   )   -     | Home Telephone No.(   )   -     |
| Employer Address: Street Address      | City      | State      | Zip Code      |

**INFORMATION ABOUT THE CHILD(REN)** (List only your children with the other party named above.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** (Last, First, Middle) | **Sex** | **Social Security Number** | **Date of Birth** | **Place of Birth** |
|       |  |    -  -     |       |       |
|       |  |    -  -     |       |       |
|       |  |    -  -     |       |       |
|       |  |    -  -     |       |       |
|       |  |    -  -     |       |       |

**FINANCIAL INFORMATION**

|  |  |  |
| --- | --- | --- |
|  | CURRENT INFORMATION | INFORMATION AT TIME OF LAST SUPPORT ORDER |
| **YOUR GROSS** (before any deductions) **MONTHLY INCOME FROM:** | **AMOUNT** | **AMOUNT** |
| Salary and Wages (including commissions, bonuses, and overtime) |       |       |
| Self-Employment |       |       |
| Pensions and Retirement |       |       |
| Social Security Benefits |       |       |
| Unemployment Benefits |       |       |
| Disability and Workers Compensation Benefits |       |       |
| Dividends and Interest |       |       |
| Net Rentals |       |       |
| Other (specify):       |       |       |
|        |       |       |
| **TOTAL MONTHLY INCOME** |       |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | CURRENT INFORMATION | INFORMATION AT TIME OF LAST SUPPORT ORDER |
| **YOUR MONTHLY DEDUCTIONS FOR:** | **AMOUNT** | **AMOUNT** |
| Union Dues |       |       |
| Health Insurance You Pay For Your Child(ren) On This Order |       |       |
| Insurance Company | Policy Number | Child(ren) Covered |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **TOTAL MONTHLY DEDUCTIONS** |       |       |

|  |  |  |
| --- | --- | --- |
|  | CURRENT INFORMATION | INFORMATION AT TIME OF LAST SUPPORT ORDER |
| **YOUR ASSETS:** | **AMOUNT** | **AMOUNT** |
| Cash On Hand |       |       |
| Money in Checking Accounts |       |       |
| Money in Savings Accounts |       |       |
| Money in Any Other Accounts |       |       |
| Retirement or Pension Funds |       |       |
| Life Insurance Cash Value |       |       |
| Stocks, Bonds, or Other Investment Securities |       |       |
| Real Estate |       |       |
| Other Assets (please specify)       |       |       |
|        |       |       |
| **TOTAL VALUE OF ALL ASSETS** |       |       |

|  |  |  |
| --- | --- | --- |
|  | CURRENT INFORMATION | INFORMATION AT TIME OF LAST SUPPORT ORDER |
| **CHILDREN:** | **NUMBER** | **NUMBER** |
| Children you are legally obligated to support either in you home or by court order. |       |       |

Read the statements below. Check the box next to those you believe are true, and explain why.

[ ]  The other parents income has substantially (check one) [ ]  increased [ ]  decreased since the date of the current child support order.

 By how much? $       per

 Explain why

Do you have any other children, not already mentioned in this questionnaire, **who currently live with you?**

[ ]  Yes [ ]  No If yes, complete the box below. Do **not** include stepchildren.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** (Last, First, Middle) | **Sex** | **Social Security #** | **Date of Birth** | **Place of Birth** |
|       |  |    -  -     |       |       |
|       |  |    -  -     |       |       |

Do you have any other children, not already mentioned in this questionnaire, **whom you are legally obligated to support?**

[ ]  Yes [ ]  No If yes, complete the box below. Please attach copies of your court orders, if available.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** (Last, First, Middle) | **Sex** | **Social Security #** | **Date of Birth** | **Place of Birth** |
|       |  |    -  -     |       |       |
|       |  |    -  -     |       |       |

Is there any other information we should consider that has not been covered in this questionnaire? For example; Special needs of the children subject to this order.

|  |  |
| --- | --- |
| Explain |       |

By my signature below, I certify that the information provided by me in this form is true and correct to the best of my knowledge.

**Texas Government Code 559 gives you the right to review and request correction of information on this form.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date Signed